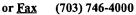


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APPLICATION NO.	FILING DATE	FIRST NA	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/807,459	06/14/2001	Hir	Hiromi Ikadai		0020-4843P	7623
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CFR 1.363). Change of correspond Address form PTO/SB/1 Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Unless been previously submitted of ASSIGNE ANAME OF ASSIGNE THERAPEUT THERAPEUT Please check the appropriate a. The following fee(s) are XXI ssue Fee U Publication Fee XXI Advance Order - # of	ion (or "Fee Address" Indica or more recent) attached. Us D RESIDENCE DATA TO Be an assignee is identified be ed to the USPTO or is being IEE ITKAMT; and FOUNDATION THE IC RESEARCH IN: e assignee category or category enclosed:	names agents firm (to agent) agent) attorne e of a Customer will be to printed under separate cov (B) RESIDE CHEMO—SERO—STITUTE wies (will not be printed on the payment of	of up to OR, alternaving as a and the naving as a printed. ENT (print prear on the cr. Completed Complete	e patent. Inclusion of a tion of this form is NO Y and STATE OR CO Hokkaido, Kumamoto L) XX individual 2) X Hount of the fee(s) is en t card. Form PTO-2038 Hereby authorized by cumber 02-2448	of a single attorney or of a single attorney or tered patent dd, no name 3	credit any overpayment, to opy of this formula each
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